

Quality Report Card



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PEDIATRIC CARE

Well-child Visits are Key to Prevention

In the early days, weeks and months of a child's life, pediatricians or family practice physicians schedule a number of appointments to provide examinations and screenings to assess the child's development and growth. The appointments – often referred to as well-child visits – include a physical exam, during which height and weight are recorded, and administration of immunizations. Child development – physical, cognitive and emotional – occurs rapidly during the first years of life and the well-child visit is vital in assuring a child's good health and appropriate development. As the child ages, the well-child visits are less frequent, generally once a year, but still vital to good health. Parents may utilize the visits to discuss prevention and healthy behaviors.

The American Academy of Pediatrics (AAP) and Bright Futures created guidelines for pediatricians and family practice physicians for preventive pediatric health care. The recommendations include suggested ages for screenings, examinations and procedures. During a typical physical exam, the healthcare provider listens to the heart, breath and stomach to detect any abnormalities that might be concerning. Procedures, such as blood tests, may be performed to assess the child for anemia, lead exposure or possible infections or diseases. Developmental screenings are designed to determine if a child is meeting specific milestones for their age. For parents of younger children, the well-child visits can be a time to ask questions about a number of health topics. If there is a family history of a particular illness, parents can discuss strategies to prevent that illness for the child. Healthy behaviors are important to instill at a young age, and the well-child

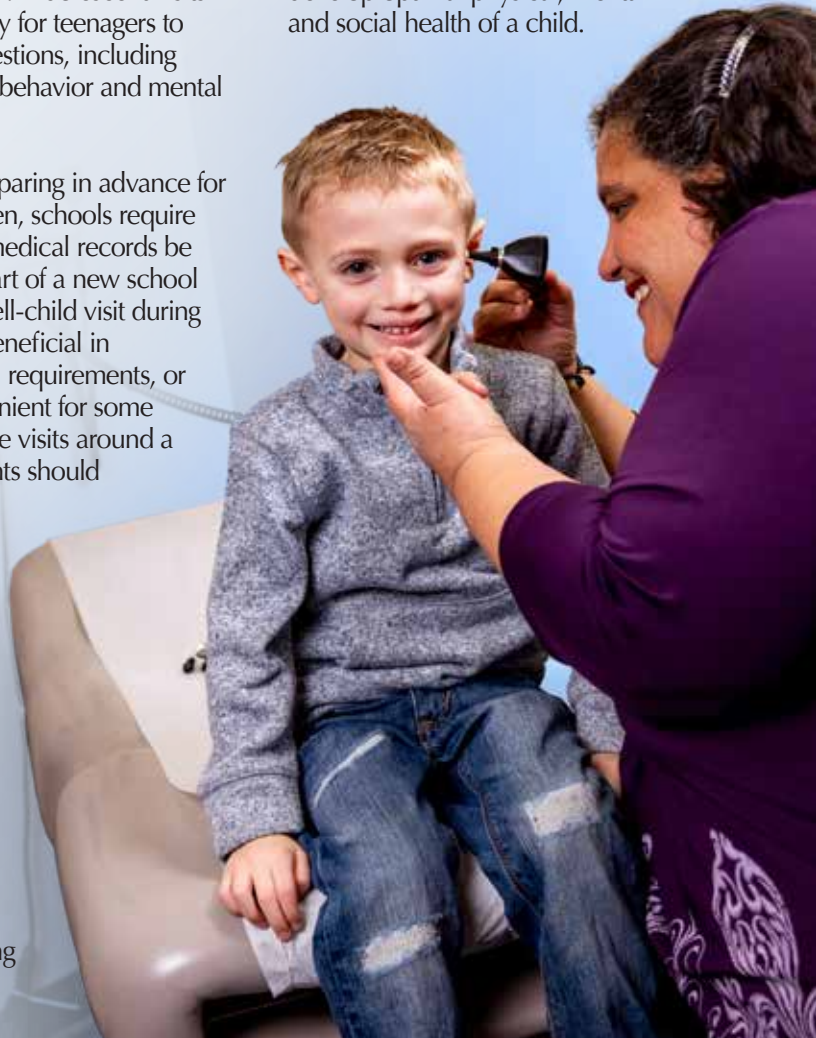
visit is a time to review important behaviors, such as sleep, nutrition and physical activity.

It is recommended that well-child visits include depression screenings when the child reaches the teen years. Every well-child visit with a teenager should include time spent alone with the pediatrician or family practice physician in order to allow the adolescent to ask and answer questions about their own health. Adolescent visits provide an opportunity for teenagers to address important questions, including substance use, sexual behavior and mental health concerns.

The AAP suggests preparing in advance for a well-child visit. Often, schools require sports physicals and medical records be updated before the start of a new school year. Scheduling a well-child visit during the summer can be beneficial in completing the school requirements, or it may be more convenient for some parents to schedule the visits around a child's birthday. Parents should make a list of topics to discuss with the child's healthcare provider, such as development, behavior, sleep, nutrition or prevention. As the child ages, discuss the questions and topics with the child to determine if the child has questions or concerns to ask the physician. When going to the visit, it may be

helpful to bring the child's immunization record or any school or sports forms that may need completed.

Regular visits to the same pediatrician or family practice physician create strong, trustworthy relationships among the provider, parent and child. The AAP recommends well-child visits as a way for pediatricians and parents to serve the needs of children. This team approach helps develop optimal physical, mental and social health of a child.



Patient Story – Noah Blake



When Noah Blake, age 14, was diagnosed with Wolff-Parkinson-White (WPW) syndrome earlier this summer, it came as a complete shock because he did not have any symptoms. “Since the fourth grade, sports have always been a big part of his life. Noah plays football, wrestles and runs track. This was not something we were expecting at all,” shared his mother, Kierra Harper. In preparation for his freshman football season at Newark High School, Noah was completing daily two-hour conditioning workouts when he received the stunning news after his annual well-child exam with Robert Baun, M.D., of Licking Memorial Pediatrics – Tamarack.

Due to Noah’s age and upcoming participation in high school sports, this was the first year that an electrocardiogram (EKG) was performed as part of the annual well-child visit. An EKG is a test that measures the electrical activity of the heartbeat. Dr. Baun recognized the abnormality in Noah’s heart during the procedure.

WPW is a condition in which there is an extra electrical pathway in the heart. This extra pathway appears between the heart’s upper and lower chambers and is present at birth. The condition can lead to periods of rapid heart rate (tachycardia), creating dangerous heart rhythms that can result in sudden death during physical exertion. WPW syndrome is one of the most common causes of fast heart rate problems in infants and children. Symptoms most often appear between the ages of 11 and 50 and also can include dizziness and lightheadedness. A rare and chronic condition, WPW is treatable and may involve the use of medications or a procedure known as

ablation. Early treatment of the condition not only prevents the possibility of sudden tragedy, but also enables youth to resume their normal lives – including physical activities.

“Noah is a vibrant, resilient and active child, so physical activity does not affect him as much as it does others. Not only does he play multiple sports, he assists his father with lawn care, including mowing, weeding and mulching,” explained Kierra. Noah was previously diagnosed with attention-deficit/hyperactivity disorder (ADHD), which makes it difficult for a person to pay attention and control impulsive behaviors. Individuals who suffer from this condition may be restless and almost constantly active. “We choose not to medicate Noah for ADHD and his natural activity level helps him manage the condition successfully,” noted his mother.

Noah had occasionally noticed some minor chest pain and experienced shortness of breath, but never thought much of it due to his high level of physical activity. “At first, the diagnosis was overwhelming and I was a little bit nervous wondering if I would be okay and be able to play sports again,” said Noah. “Dr. Baun referred us to a cardiologist at Nationwide Children’s Hospital and we are anxiously awaiting our appointment to confirm the diagnosis, take the first steps in his treatment and begin recovery,” said Kierra. “I can’t wait to begin playing sports again,” Noah commented.

Noah has been seeing Dr. Baun since the age of ten. “I have always felt it was very important to stay current with the annual well-child visits for all my children,” stated Kierra. Noah has four siblings – three sisters and a brother, ages 13, 10, 3 and 1 – all of whom were born at Licking Memorial Hospital (LMH). “Dr. Baun’s staff is fantastic! They are very family-friendly and always very

helpful in working me into the schedule when one of my children is ill,” she explained. “They have good hours and I really appreciate the availability of the walk-in appointments,” Kierra added. “I would highly recommend all parents schedule regular wellness child visits. I am so grateful for Dr. Baun’s expertise and thoroughness to ensure Noah a healthy future,” she concluded.

Noah’s heartrate can quicken up to 220 beats per minute, so if he begins to feel out of breath or abnormal, he knows he needs to take a break immediately. He seems at ease with his diagnosis, yet eager for a resolution so he can return to his passion without restriction. “I understand now that it is important to pay close attention to how you feel and share that with your parents and coaches. I would give that advice to other young athletes, too,” said Noah. Sports are life to Noah, and he is disappointed to be missing his first high school football season. However, he is very appreciative to the coaches for still including him as an integral part of the team this year as team manager. He hopes to earn a place as wide receiver or safety next season. “The coaches have been terrific, very supportive and understanding of the situation,” Kierra said.

Annual well-child visits are a standard part of patient care at Licking Memorial Pediatrics. Please contact your child’s pediatrician or family physician for more information, or to schedule an appointment. Additionally, each spring, Licking Memorial Health Systems offers annual pre-participation screenings, including EKG testing, baseline concussion screenings and pre-participation physical examinations. Please email sportsphysicals@lmhealth.org for more information or with any questions you may have about the pre-participation screenings.

Pediatric Care – How do we compare?

At Licking Memorial Health Systems (LMHS), we take pride in the care we provide. To monitor the quality of that care, we track specific quality measures and compare to benchmark measures. Then, we publish the information so you can draw your own conclusions regarding your healthcare choices.

- 1.** Immunizations are one of the safest and most effective methods to protect children from potentially serious childhood diseases. Licking Memorial Health Professionals (LMHP) monitor the percentage of children, aged 19 months to 35 months, who receive the individual and complete set of recommended immunizations. The series is frequently referred to as the 4:3:1:3:3:1 series. It consists of the following vaccines:
- 4 doses of diphtheria, tetanus (lockjaw), and pertussis (whooping cough)
 - 3 doses of polio
 - 1 dose of measles, mumps and rubella
 - 3 doses of Haemophilus influenzae B (influenza type B)
 - 3 doses of hepatitis B
 - 1 dose of varicella (chicken pox)

	LMHP 2016	LMHP 2017	LMHP 2018	National
Childhood immunization rate (4:3:1:3:3:1 series)	86%	86%	83%	73% ⁽¹⁾
Children, aged 6 months to 18 years, receiving the influenza vaccination	32%	31%	33%	56% ⁽²⁾

- 2.** LMHP providers follow Advisory Committee on Immunization Practices (ACIP) recommended vaccinations to prevent cervical cancer, varicella (chicken pox) and meningitis among adolescents.

	LMHP 2016	LMHP 2017	LMHP 2018	National
Female adolescents, aged 13 to 17 years, completing HPV vaccination series	56%	62%	58%	55% ⁽³⁾
Adolescent children receiving varicella vaccination	96%	97%	96%	89% ⁽³⁾
Adolescent children receiving meningococcal vaccination	89%	91%	89%	85% ⁽²⁾

- 3.** Pharyngitis (sore throat) is a common illness in children. Most children's sore throats are caused by viral illnesses. While antibiotics are needed to treat bacterial pharyngitis, such are not useful in treating viral pharyngitis. Before antibiotics are prescribed, a simple diagnostic test needs to be performed to confirm the presence of a bacterial infection. Inappropriate use of antibiotics for viral pharyngitis is costly, ineffective and contributes to the development of drug-resistant bacterial strains. LMHP monitors and reports how many children with sore throats, aged 2 to 18 years of age, received a Group A streptococcus test before they were given a prescription for antibiotics.

	LMHP 2016	LMHP 2017	LMHP 2018	National
Children with pharyngitis receiving test before antibiotics	96%	96%	94%	84% ⁽⁴⁾

- 4.** LMHP screens children, aged 9 to 11 years, for high blood cholesterol levels. Studies have shown that children who have high cholesterol are more likely to have high cholesterol as adults, placing them at increased risk for heart disease. By identifying at-risk children at a young age, families have an opportunity to make important lifestyle changes to diet and exercise to increase the likelihood that their children will enjoy long and healthy lives.

	LMHP 2016	LMHP 2017	LMHP 2018	LMHP Goal
Children, aged 9 to 11 years, receiving cholesterol screening	58%	66%	58%	65%

Pediatric Care - How do we compare? (continued on back)



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- When a child arrives at Licking Memorial Hospital with suspected or known sexual abuse, the specially trained sexual assault response team (SART) conducts a comprehensive evaluation of the child, including use of forensic kits to gather evidence from sexual assault victims. Complete use of this kit ensures that evidence is collected properly and submitted to law enforcement for analysis.

	LMH 2016	LMH 2017	LMH 2018	LMH Goal
Forensic kit collection was complete for children treated for sexual abuse	100%	100%	100%	100%

Data Footnotes: (1) Vaccination Coverage Among Children Aged 19-35 Months – United States, 2017 (2) Centers for Disease Control and Prevention, “Influenza vaccination coverage for persons 6 months and older by state, National Immunization Survey – Flu, 2017-18 influenza season, 6 months-17 years” (3) Estimated Vaccination Coverage with Selected Vaccines and Doses Among Adolescents Aged 13-17, by State/Area; National Immunization Survey-Teen (NIS-Teen), United States, 2017. (4) NEW-National Committee of Quality Assurance, State of Health Care Quality Report Card 2017.

Health Tips – Limiting Screen Time



With an increased use of digital media, including tablets, smartphones and laptops, the physical and mental health of children and teens is at risk. Recent medical research has found a rise in feelings of loneliness and depression as well as worse sleep quality and obesity among teens. To create healthy living habits, the American Academy of Pediatrics (AAP) and the World Health Organization (WHO) have created guidelines for children to avoid the negative side effects of excessive screen time. The AAP recommends no screen time at all for children younger than 2 years of age. Children ages 3 to 18 should be limited to two hours of screen time per day. The WHO recommends just one hour of screen time for children between the ages of 2 and 4 and strongly discourages televisions and computers in a child’s room.

As a whole, teenagers are looking at screens more than ever – 8 to 10 hours per day. This increased screen time has led to less time interacting face-to-face with peers. Smartphone developers have provided tools to assist in the process. For example, many smartphones produce activity reports that monitor screen time and set limits on the amount of time certain apps are being used.

Eliminating screen time for children and teens is only part of the solution to healthier living. Parents also are encouraged to improve physical activity and quality of sleep. Children ages 1 to 5 should participate in three hours of physical activity per day and sleep at least 10 hours per night. Recommendations for older children and teenagers are one hour of moderate-to-vigorous physical activity daily and at least nine hours of sleep. To decrease feelings of loneliness and isolation, parents should encourage children to interact with peers in person.



Please take a few minutes to read this month’s report on **Pediatric Care**. You’ll soon discover why Licking Memorial Health Systems is measurably different ... for your health!

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